

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT

FILED DATE

10/552762

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								52					
3								53					
4								54					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓		↓		↓						
TOTAL DEP.			←	5	←		←						
TOTAL CLAIMS			6										

Best Available Copy